



May 9, 2012

Re: Project No. RFQ-12-10491-JE
West Wing Basement Pharmacy Room Phase II Carousels

Dear Sir or Madam:

The above-referenced contract is being considered for small business contract measures. If you are interested in participating as a CSBE to perform work in connection with this project and meet the requirements listed on Page 3 of this letter, please complete and return the attached Verification of Availability to bid **by Monday, May 14, 2012, at 1:00 P.M.** **It is asked that Pages 2 and 4 are returned completed in their entirety. Failure to complete Pages 2 and 4 will result in this Verification of Availability to Bid Letter not being considered.**

Please review the enclosed description of the project.

The letter of availability may be sent **via facsimile transmission to (305) 375-2343 or via email at kellyd@miamidade.gov**. If you have any questions, please contact me at (305) 375-3136.

Sincerely,

A handwritten signature in cursive script that reads "Kelly Duncombe".

Kelly Duncombe
Sustainability, Planning & Economic Enhancement Department (SPEED)
Small Business Development Division

VERIFICATION OF AVAILABILITY TO BID

SUSTAINABILITY, PLANNING & ECONOMIC ENHANCEMENT DEPARTMENT (SPEED)
SMALL BUSINESS DEVELOPMENT DIVISION
COMMUNITY SMALL BUSINESS ENTERPRISE PROGRAM
111 N.W. 1ST STREET, 19th FLOOR
MIAMI, FLORIDA 33128
PHONE: 375-3111 FAX: 375-3160

PROGRAM COORDINATOR: **Kelly Duncombe**

I am herewith submitting this letter of verification of availability and capability to bid, provided the proposed scope of work attached. (**NOTE:** Please provide all the information requested; incomplete and/or incorrect verifications are not acceptable or usable.)

CONTRACT TITLE: West Wing Basement Pharmacy Room Phase II Carousels

PROJECT NUMBER: RFQ-12-10491-JE

Estimated Contract Amount: \$170,000

(Scope of work and minimum requirements for this project is attached.)

NAME OF COMMUNITY SMALL BUSINESS ENTERPRISE (CSBE)

ADDRESS

CITY

ZIP CODE

Certification Expires: _____
DATE

Telephone: _____ *****Bonding Capacity:** _____

PRINT NAME AND TITLE

SIGNATURE OF COMPANY REPRESENTATIVE

DATE

Currently Awarded Projects (Name of Project and Owner)	Project Completion Date	Contract Amount	Anticipated Awards

VERIFICATION OF AVAILABILITY TO BID

To establish a contract that consists of General Contracting and/or Construction Management services for the installation of 3 new Omnicell carousel medication dispensing systems and associated equipment in the existing Pharmacy Department at Jackson Memorial Hospital West Wing Building, basement. The detailed scope of work will include the partial removal of the existing pharmacy work area, removal of the existing Clean Room and Cold Room, and relocation of the existing pharmacy furniture and associated equipment. The installation of the new carousel units, 1 new packager, 1 new UPS equipment, mechanical, electrical, and plumbing upgrades as related to installation of the new pharmacy equipment, in addition to the minor aesthetic upgrades and the demolition of the pharmacy storage fence will be provided as part of the renovation.

The project renovation includes and is not limited to:

Interior Renovations:

- Demolition of interior walls, floors, and ceilings to include MEPFT associated with this work.
- New open floor plan
- New finishes including walls, floors, ceilings, and MEPFP systems
- Coordination of delivery and electrical required for owner furnished pharmacy carousels, packager, and workstations.
- ICRA containment Type C, Class III as required by JMH Infection Department

MEPFP Systems Upgrades:

- Fire protection system modification as required by code and in contract documents (CD's).
- Plumbing demolition of sinks and new sinks as per Plans & Specifications
- HVAC demolition of ductwork, new duct work, diffusers, ICRA requirements, etc. as per Plans & Specifications.
- Electrical as required by Plans & Specifications
- Fire alarm modifications as required by Plans & Specifications

MINIMUM REQUIREMENTS:

The qualified contractor, including any subcontractor performing or supplying this Work shall be a licensed and certified (in the State of Florida) general contractor and must have at a minimum four (4) years commercial experience. The contractor shall be capable of making a first-class installation in accordance with OSHA and all acceptable/applicable Miami Dade County standards and practices.

The Contractor must also possess the ability, knowledge, skill, judgment, management, supervision, and physical and financial resources to perform services as specified herein. A list consisting of at least three (3) client references, (to include Business/Hospitals with whom you are currently doing business) including addresses, telephone numbers, and a contact person for each client must be provided as part of your response to the RFQ.

The successful Contractor shall provide with their RFQ submittal evidence/references of at least three (3) projects within the last three (3) years that required AHCA approval and ICRA containment. The successful Contractor shall also provide evidence/references in the RFQ that their proposed mechanical and electrical subcontractors have AHCA experience with a minimum of three (3) AHCA projects within the last five (5) years. It's a preference of the TRUST that the successful Contractor provide evidence/references that they have provided construction related services in a hospital pharmacy.

Has your company completed at least three (3) projects within the last three (3) years that required AHCA approval and ICRA containment. ? _____ Yes _____ No

Please list all AHCA projects completed within the last three (3) years.

Name of Project Completed With AHCA/IRCA Review/Requirements	Value of Project	Project Completion Date	Anticipated Awards

Please list all projects which were completed in the last three (3) years which required Class III or higher ICRA precautions.

Name of Projects Completed With IRCA Review/Requirements	Value of Project	Project Completion Date	Anticipated Awards

NAME OF COMMUNITY SMALL BUSINESS ENTERPRISE (CSBE)

PRINT NAME AND TITLE

SIGNATURE OF COMPANY REPRESENTATIVE